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Editorial

Introduction to “Spiritual Care for People with Cancer”

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Abstract: There is little question that the diagnosis and treatment of cancer increase existential and spiritual needs and that these needs relate to how patients adjust to their experience. This Special Issue of *Religions* focusses on studies examining spiritual needs and spiritual care interventions among people with early-stage cancer (stages 0–III) or who have chronic/returning types of cancer. The spiritual care interventions discussed in this Special Issue involve multi- or interdisciplinary forms of spiritual care. Interestingly, all studies in this Special Issue emphasize the narrative and meaning-making dimension of spirituality. More research is needed on the relational and embodied dimensions of spirituality. The varied methodologies and disciplines applied in the studies of this Special Issue show the complexity and richness of spiritual care, which needs to be reflected in the organization of oncological care as well.

Keywords: spiritual care; oncology; cancer; spiritual needs; coping

After decades of research, there seems to be widespread agreement that religion and spirituality play a role in coping with cancer. Although relationships between religion/spirituality and indicators of quality of life or mental health are moderate to weak (Garssen et al. 2020), there is little question that the diagnosis and treatment of cancer increase existential and spiritual needs and that these needs relate to how patients adjust to their experience. However, thus far, most research on spiritual care for people with cancer has focused on patients with advanced-stage cancer (for example, Edwards et al. 2010; Henoach and Danielson 2009; Kruizinga et al. 2016). Therefore, this Special Issue of *Religions* focusses on studies examining spiritual care among patients with early-stage cancer (stages 0–III) or who have chronic/returning types of cancer. The spiritual care interventions discussed in this Special Issue involve multi- or interdisciplinary forms of spiritual care, which show the strengths of, and take advantage of, the subtle differences between approaches to religion and/or spirituality by various disciplines.

The studies by Natalia Ziółkowska and colleagues, Anja Visser and colleagues, and Suvi Saarelainen further specify the existential and spiritual meaning-related needs of people with cancer and their loved ones. Ziółkowska, Bargiel-Matusiewicz, and Gruszczyńska examined the relationship between religious coping and emotional well-being among 147 parents (mostly mothers) of young children diagnosed with various kinds of cancer. They found that parents who reported more positive emotions also reported more positive reappraisal and less negative religious coping. Visser, Umland-Sikkema, Westerhof, and Garssen studied the narratives of 20 people with cancer to understand the role of spiritual beliefs, attitudes, practices, and experiences in adjusting to this disease and its treatment. They suggest that the ability to integrate the experience into the life story—i.e., to provide meaning to the experience—and the ability to continue valued aspects of life—particularly where they affect the person’s sense of self—are vital to emotional adjustment. Saarelainen, in turn, explored the spiritual needs of 16 young adults with cancer, using autobiographical interviews and drawings of a life tree.

Similar to the respondents in Visser et al.'s study, the young adults reported that the diagnosis and treatment of cancer gave rise to many questions concerning their sense of self, their relationships, and the future. Saarelainen particularly points to a need to address questions of blame in care for young people with cancer.

Ágnes Bálint and Judit Magyari, and Lenneke Post and colleagues introduce interventions for addressing the spiritual needs of people with cancer. Báling and Magyari show how bibliotherapy allows for addressing various dimensions of spirituality and spiritual needs of people with cancer in both direct and indirect ways, by offering words, images, sounds, and social recognition to explore the experiences. Post, Ganzevoort, and Verdonck-de Leeuw report on a mixed-methods study in which they examine the effects of a spiritual life review intervention for people with cancer on spirituality, spiritual well-being and ego-integrity, and the psychological, social, and spiritual processes that might underlie these effects. They suggest that the intervention may particularly affect ego-integrity by allowing the person to come to self-acceptance through moral re-evaluation.

Interestingly, all the studies in this Special Issue emphasize the narrative and meaning-making dimension of spirituality. In some ways, this makes sense, as the diagnosis and treatment of cancer are often described as “limit experiences”, in which we encounter the limitations to our self-understanding and our understanding of the workings of the world (Donders 2004). This asks for a re-evaluation and re-interpretation of beliefs, experiences, and expectations (Park 2010). However, such a focus on meaning-making also risks neglecting other dimensions of spirituality, particularly its relational and embodied aspects. Beside a “worldview”, spirituality is also very much a lived and felt experience of connectedness with oneself and the (metaphysical) world (Weathers et al. 2016; Gall et al. 2011; La Cour et al. 2012). Although this is alluded to in several of the studies in this Special Issue, this dimension of spirituality and its meaning for coping with cancer should be explored further, for example in studies examining how yoga, haptotherapy, or physical exercise programs might address the spiritual needs of people with cancer.

The studies in this Special Issue illustrate some of the myriad ways in which spirituality and spiritual care can be studied. The studies range from cross-sectional, quantitative, and observational questionnaire designs to retrospective, qualitative, narrative and symbolic methods and mixed-methods studies using both quantitative and qualitative methods over longer periods of time. This variety in study designs and the variety in backgrounds of the authors (including psychologists, physicians, and theologians) show the richness of the research field of spirituality and health. Let us also keep translating this into person-centred, multi- and interdisciplinary forms of care.

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